Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN HERE Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

0045

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Informatior	1					
For calend	lar plan year 2015 or f	iscal plan year beginning 01/01/	/2015		and ending 12	/31/20	15	
A This re	turn/report is for:	a single-employer plan	list of participa	-	an (not multiemployer) ployer information in acc		-	
B This ret	urn/report is	a one-participant plan the first return/report	the final return/ı					
		an amended return/report	a short plan yea	r returr	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic exte	nsion			DFVC prog	ram
Dowt II	Dania Diam Inf	special extension (enter desc	. ,					
Part II	•	ormation—enter all requested in	nformation			41.		
1a Name TED H JEF	•	01K PROFIT SHARING PLAN					Three-digit plan number (PN) ▶	001
						1c	Effective date o 01/0	f plan 1/2002
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		e instr	uctions)		(=,	392059
	FERSON, DO, INC.	oo, oounny, and zii oi foroigii poo	nar code (ii roreign, s	o mou	-			42-4704
:150 \/II I \/	GE SQUARE					2d	Business code (see instructions)
PADUCAH,							621 1	111
3a Plan a	administrator's name a	and address XSame as Plan Spor	nsor.			3b	Administrator's	EIN
						3c	Administrator's t	elephone number
name	e, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last return/repor	filed fo	or this plan, enter the	4b 4c		
_	sor's name	and the best attended to the other conse				40 5a		4
_		s at the beginning of the plan year.			Ť	5k		<u> </u>
		s at the end of the plan year			i i) J)	4
comp	lete this item)	account balances as of the end of			····	50		4
d(1) Tot	al number of active pa	articipants at the beginning of the p	olan year			5d(-	4
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ear			5d(2)	4
than	100% vested	t terminated employment during th				56		0
		or incomplete filing of this retu						abla a Califold
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.						
SIGN	Filed with authorized	d/valid electronic signature.	10/12/2016		TED H. JEFFERSON			

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can 	an independ and condition not use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			Yes
C If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No	Not d	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Yea	
a Total plan assets	. 7a		1110	361				11	131722
b Total plan liabilities	. 7b		4440	2004				4.4	104700
C Net plan assets (subtract line 7b from line 7a)	. 7с		1110	361					131722
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	. 8a(1)		14	399					
(2) Participants	. 8a(2)		47	520					
(3) Others (including rollovers)	. 8a(3)								
b Other income (loss)	. 8b		-34	822					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								27097
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f								
g Other expenses	. 8g		5	736					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								5736
i Net income (loss) (subtract line 8h from line 8c)	. 8i								21361
j Transfers to (from) the plan (see instructions)	. 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	n feature coo	les from the List of Plant	an Cha	racteris	stic Co	des in t	he instru	ictions:	
B If the plan provides welfare benefits, enter the applicable welfare	footure code	as from the List of Plan	o Char	octorict	ic Coo	loc in th	o inetru	tions:	
in the plant provides welfare benefits, effer the applicable welfare	reature code	s nom the List of Fla	Ullara	aciensi		162 111 111	e msnuc	iloris.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest									
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of the	ne benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10g 10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10i		X				
Part VI Pension Funding Compliance			10]		- / /				
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Ιп	Yes Π N
11a Enter the unpaid minimum required contribution for all years from						11a		·	<u> </u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?	. П	Yes X

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?						Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references the date of that favorable letter		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

Form 5500-SF

2704426628

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of th

OMB Nos. 1210-0110 1210-0089

Department of Labor Employee Benefits Security Administra	Income Security Act of 1974 (ERISA), and sections	6057(b) and $6058(b)$ at	Retirement	2015
Pension Benefit Guaranty Corporati		TO ACTURE COOP (THE C	O0 0 }.		This Form is Open to
	Complete all entries in a	ccordance with the in	ISTRICTIONS to the Form	EEOD OF	Public Inspection
	ort Identification Information		and a country to title LOLLI	5500-SF,	-
For calendar plan year 2015 o		01/01/2015	and ending	10	/24 /0000
A This season to a season	X a single-employer plan		r Dan (not multiamateur		31/2015
A This return/report is for:	П	list of participating	employer information in	r) (Milers ched	cking this box must attach a lth the form instructions)
	a one-participant plan	a foreign plan	, , and and and and	accordance w	ith the form instructions)
P This patron to	П.,	_			
B This return/report is	the first return/report	the final return/repo	rt		
	an amended return/report		turn/report (less than 12	mand	
C Check box If filing under:	X Form 5558	_		montus)	
	= 1	automatic extensio	n	П	FVC program
Bout II D	special extension (enter descrip	tion)		لسا	program
Part II Basic Plan In	formation—enter all requested infor	mation			
id insue of blan				145 7	1. 1.
IED H DEFFERSON, DO	O, INC 401K PROFIT SHAR	ING PLAN		1b Three	
				(PN)	
					ive date of plan
2a Plan snoheor's name (omn	Inches are				01/2002
Mailing address (Include ro	loyer, if for a single-employer plan) om, apt., suite no, and street, or P.O. E		**		yer Identification Number
only or rown, state of bloom	ice, country, and ZIP or foreign poetal a	iox)		(EIN)	61-1392059
TED H. JEFFERSON,	DO, INC.	ande (ii Toreign, 886 in:	structions)		or's telephone number
				270-	442-4704
5158 Village Squar	`e				ess code (see instructions)
_				6211	11
PADUCAH	KY 42001			1	
3a Plan administrator's name	and address XSame as Plan Sponsor.				
	Elorunc as Flatt Spottsor.	•		3b Admini	strator's EIN
				3C Admini	strator's telephone number
				İ	
4 If the name and/or FIN of th	e nian chancer has also also also				
name, EIN, and the plan nu	e plan sponsor has changed since the imber from the last return/report.	last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name	· index of the control of the contro			_	*****
5a Total number of participants	s at the heginning of the plan	· · · · · ·		4c PN	
b Total number of participants	at the beginning of the plan year	***************************************	***************************************	5a	4
C Number of participants with	at the end of the plan year			5b	4
complete this item)	account balances as of the end of the	ыял year (defined ben	efit plans do not	Fo	***
d(1) Total number of active no	whole and a state of the state	, , , , , , , , , , , , , , , , , , , ,		5c	4
d(2) Total number of action	rticipants at the beginning of the plan y	ear		5d(1)	
-(-) Total lightness of active ha	INCIDENTS at the and of the plan year			5d(2)	4
than 100% vested	commated employment during the plan	i year with accrued be	nefits that were less		4
Caution: A penalty for the 1346	DE DOOMS 144 CT		***************************************	5e	0
Inder penalties of periusyand at		OIL MILL DR SSESSEG	Uniesa reasonable cau	se is establis	hed
or Schedule MB completed an	nd signed by an enrolled actuary, as we plete.	ill as the electronic ver	examined this return/rep	ort, including.	if applicable, a Schedule
const, it is title, contect, and com	olete.	1	orom or and readiffice port	, and to the be	st of my knawledge and
BIGN HERE		10/12/16	TED H. JEFFERS	ON	
Signature of plan a	drynistrator	Date			
BIGN		Date	Enter name of individu	al signing as p	olan administrator
IERE Signature of emple	Market				
Signature of emplor	yar/plan sponsor ame, if applicable) and address (include	Date	Enter name of individu	al signing as a	mployer or plan sponsor
/	and address (include	room or suite numbe	r)	Preparer's tele	phone number
			ļ		
			1	: .	
or Paperwork Reduction Act Notice	and OMB Control Number				. · · ·

Form 5500-SF 2D15		Page :					,		
6a Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can		Sourceur dramiten DRD	RC BOCO	libtant	$I \cap D \wedge$	4		×Υ	'es 📗 I
If you answered "No" to either line ag or line about	, and con	omons.)	,	*********				X	es 📋 r
The Fold of the Fo	Insurance	program (see ERISA	section	n 4021	39 FU 17	m 550	υ, ∘ □ ν		
			•		, , , , , , , , ,		- □ I/I0	☐ Not det	ermined
Tidity issets and Capillies	:	(a) Beginn	ian of	Vone					•
a Total plan assets	7a			110,3	61		(b) En	d of Year	
b Total plan liabilities	., 7ь				731			1,1	31,72
C Net plan assets (subtract line 7b from line 7a)	7c		1,1	10,3	61			7 1	24 50
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) An					(b)		31,72
(1) Employers	9-14						, (b)	Total	
(2) Participants				14,3					
(3) Others (including rollavers)	. 8a(2)			47,5	20	<u> </u>	·		
b Other income (loss)	. 8a(3) . 8b	-					·		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8h)	8c			34,8	22				
d benefits baid (including direct rollovers and including		Table and							27,09
to provide benealts) int	8d						•		
e Certain deemed and/or corrective distributions (see instructions)	86			.,,			: :		
f Administrative service providers (salaries, fees, commissions)	8f				_				
g Other expenses	8g			5,7	36			•	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1	•			=
Net income (loss) (subtract line 8h from line 8c)	81				_				5,736
Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	BJ				\dashv		•		31,363
B If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	ature cod	es from the List of Pla	an Char	ecteris:	tic Cod	it ni aet	ne instructi	ons;	•
10 During the plan year:									
a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	ons within	the time period		Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any and	************		10a		Х				
reported on line 10a.) C Was the plan covered by a fidelity bond?			10b		Х				
Ulu ine plan nave a lose whether or not "-!			_10c		Х				
e Were any fees or commissions haid to any brokers		***************************************	10d		Х				
the plan? (See instructions.)	or all of th	ne benefits under	10e		х				
the plan dilectio provide any benefit when due under the plan?	·		10f		Х		· · · · · · · · · · · · · · · · · · ·		
participant toans? (If "Yes," enter amount ac-	of year en	d.)	10g		х				
If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h		х	17		•	
5 ii + 1101/09 applied dilider 29 CFR 2020.101-3	1		10i						
Did the plan trust incur unrelated business taxable income?art VI Pension Funding Compliance			10 <u>j</u>		Х				· ·
1 Is this a defined hopefit plan subleme	an demand								
Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11s below). Enter the unpaid minimum required contribution for all years from Sci.	is? (If "Ye	s," see Instructions a	nd com	plete S	chedu	le SB (F	orm	Yes [] No
Enter the unpaid minimum required contribution for all years from Sci Is this a defined contribution plan subject to the minimum.	nedule SE	(Form 5500) line 40				11a			-
2 Is this a defined contribution plan subject to the minimum funding req	uirement	of section 412 of the	Code	or sect	ion 30	11a / 2 of ER	ISA?	Yes 2	No

2704426628

Form 5500-SF 2015					
(If "Yes," complete line 12a or lines 12b 40a 4b4					
	44				
granting the waiver. granting standard for a prior year is being amortized in this plan year, see inst	Month	f enter th Day	e date o	of the lette Year	r ruling
				1 ear	-
b Enter the minimum required contribution for this plan year		126			**
Atol the amount contributed by the ampleyor to the plant of the pl		12c	-	-	•
negative amount)sign to the le	eft of a	424			-
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					
Part VII Plan Terminations and Transfers of Assets	***************************************		Yes	No	N/A
13a Has a resolution to terminate the plan been adopted in any plan year?					
if "Yes," enter the amount of any plan assets that reverted to the employer this year		,	_ Y	es X No	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC? C If during this plan year, any assets or liabilities were transferred from this plan year.	ht under the c	ontrol	1	M v 6	J
which assets or liabilities were transferred. (See Instructions.)	the plan(s) to)	l	Yes	מ אס
13c(1) Name of plan(s):	40.40				,
	13c(2)	EIN(s)		13c(3) PN(s)
			ı		
			- 1		
art VIII Trust Information					
4a Name of trust				· ·	
		14b Tr	ust's El	N	
		14b ⊺r	ust's El	N	
14c Name of trustee or custodian					
14c Name of trustee or custodian		14d T	'rustee's	3 or custoo	llan's
		14d T	'rustee's		llan's
		14d T	'rustee's	3 or custoo	llan's
Part IX IRS Compliance Questions		14d T	'rustee's	3 or custoo	ilan's
Part IX IRS Compilance Questions 5a Is the plan a 401(k) plan?		14d T	'rustee's	3 or custoo	llan's
Part X IRS Compliance Questions 5a is the plan a 401(k) plan?		14d T	'rustee'; elephon	3 or custoce number	llan's
Part IX IRS Compliance Questions 5a is the plan a 401(k) plan?	employer	14d T	'rustee'; elephono ign- ed safe	or custode number	P/ACP
Part X IRS Compliance Questions 5a is the plan a 401(k) plan? 5b if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 5c if the ADP/ACP test is used did the 401(k) also seed to the ADP/ACP test is used did the 401(k) also seed to the ADP/ACP test is used did the 401(k) also seed to the ADP/ACP test is used did the 401(k) also seed to the ADP/ACP test is used to the 401(k) also seed to the ADP/ACP test is used to the 401(k) also seed to the ADP/ACP test is used to the 401(k) also seed to the ADP/ACP test is used to the 401(k) also seed to the ADP/ACP test is used to the 401(k) also seed to the ADP/ACP test is used to the 401(k) also seed to the ADP/ACP test is used to the 401(k) also seed to the ADP/ACP test is used to the 401(k) also seed to the 4		14d T	rustee's elephone ign- ed safe por	or custode number	P/ACP
Part X IRS Compliance Questions 5a Is the plan a 401(k) plan? 5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly companies and application.	ent vear	14d T te	rustee's elephone ign- ed safe por	or custore number	P/ACP
Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? 5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(b)-2(a)(2)(iii)?	ent year (m)-	14d T	rustee's elephone ign- ed safe por	or custode number	P/ACP
Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? 5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(c)	ent year (m)-	14d T te	rustee's elephono ign- ed safe oor hod	or custore number	P/ACP t
Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? 5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly compansated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(g) and 1.401(g) and 1.401(g) are the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	ent year (m)-	14d T te	rustee's elephono ign- ed safe oor hod	or custore number	P/ACP t
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